## SCHEDULE B (FEC Form 3X)

	Use seperate scriedu	ie(s)	(check or	rly one)	n.	[ P	AGE	15/1	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa	ne Ir	21b 27	22 28a	X 23 28b	24 28c	$\vdash$	25 29	26 30k
Any Information copied from such Reports									
or for commercial purposes, other than using	ng the name and address of any pol	litical comr	nittee to s	SOIICIT CONTI	ibutions i	rom sucn	commi	ittee	
NAME OF COMMITTEE (In Full)									
Physicians for a Democratic Major	ority								
Full Name (Last, First, Middle Initial)					action II	<b>D</b> : D472			
A. Lois Murphy for Congress					of Disbur		V V	V	V
Mailing Address P O Box 1006					W / D	03 /	20	) Ó 6	
City	State Zip Code			Amou	nt of Eac	h Disburse	ement	this P	eriod
Paoli Purpose of Disbursement	PA 19301						5	500.0	0
Contribution			011		-				-
Candidate Name			tegory/						
Lois Murphy Office Sought: X House	Disbursement For: 2006		уре	_					
Senate	Primary X Gene	eral							
President	Other (specify)								
State: PA District: 06									
Full Name (Last, First, Middle Initial)  McCaskill for Missouri					action II				
WICCASKIII IOI WIISSOUTI					of Disbur		Y Y	Y	Υ
Mailing Address PO Box 6771				1 1		03 /	2 (	o ŏ 6	
City Brentwood	State Zip Code MO 63144			Amou	nt of Eac	h Disburse	ement	this P	eriod
Purpose of Disbursement	WO 03144						5	500.0	0
Contribution			011				•		
Candidate Name Clare McCaskill			tegory/ ype						
Office Sought: House	Disbursement For: 2006								
χ Senate	Primary X Gene	eral							
State: MO District:	Other (specify)								
Full Name (Last, First, Middle Initial)	<u> </u>			Trans	action II	<b>D</b> : D475			
Montanans for Tester					of Disbur				
Mailing Address PO Box 6318				1 1 1	M / D	03 /	Ý Ž(	o ŏ 6	Y
City	State Zip Code			Amou	nt of Eac	h Disburse	ement	this P	eriod
Great Falls  Purpose of Disbursement	MT 59406			-	•		Ę	500.0	0
Purpose of Disbursement			011		-				•
Candidate Name Jon Tester			tegory/ ype						
Office Sought: House	Disbursement For: 2006		71° °	-					
x Senate	Primary X Gene	eral							
State: MT District:	Other (specify)								
State. IVI DISTITUTE.									
SUBTOTAL of Disbursements This Page	(optional)		▶				15	0.00	0
							-		-
<b>TOTAL</b> This Period (last page this line nu	ımber only)		. •						